

**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
REHABILITATION—LIVING QUARTERS (Yearly Filing)**

WEBSTER J. GUILLORY
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 P.O. BOX 628
 SANTA ANA, CALIFORNIA 92702-0628
 TELEPHONE (714) 834-2779

A separate affidavit must be filed for each location.

This affidavit is required under the provisions of sections 251 and 254.5 of the Revenue and Taxation Code for those organizations where the use of the property involves rehabilitation of persons and/or living quarters.

The affidavit must accompany the claim for welfare exemption and be filed with the Assessor, by February 15. If you do not complete and file this form, your exemption may be denied.

_____ states:
 (name of person making affidavit)

1. He/She is _____
 (title, such as president, etc.)

2. of the _____ ;
 (corporate or organization name)

3. the address of which is _____ ;
 (give complete address including zip code)

4. for the property located at _____ ;
 (give complete address including zip code)

5. that he or she makes this affidavit on behalf of this organization in support of a claim for exemption for the
 20____-20____ fiscal year.

CERTIFICATION

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon,
 including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.*

SIGNATURE OF PERSON MAKING AFFIDAVIT



TITLE

DATE